



Auto Loss Notice

WVU Department Contact

Full Name: _____

Phone: _____ Email _____

Incident Details

Date of Occurrence: _____ Time of Day: _____

Location: _____

Short Description: _____

Police Case Number (if applicable) _____

Injured 3rd Party/Property Owner (if applicable)

Full Name: _____

Email: _____ Phone: _____

Address: _____

3rd Party Vehicle

Vehicle Driver: _____ Vehicle Owner: _____

VIN: _____

Year: _____ Make: _____ Model: _____

Passengers: _____

WVU Vehicle

Vehicle Driver: _____ Vehicle Owner: _____

VIN: _____

Year: _____ Make: _____ Model: _____

Passengers: _____

Signature

Please capture and attach photographs of WVU vehicle (All 4 corners, all 4 sides, VIN, license plate, and damage) Email to: Kelsey.Knotts@mail.wvu.edu & Donna.Hadrych@hsc.wvu.edu

Submitted By: _____ Date: _____